



CONTAINS CAREMARK CONFIDENTIAL AND PROPRIETARY INFORMATION - DO NOT DISCLOSE - FOIA EXEMPT
9501 E Shea Blvd, MC-020 | Scottsdale, AZ 85260-6719 | T: 480-391-4359

PHARMACY AUDIT ACKNOWLEDGEMENT

Time In/Out: 10:44 / 11:15 am Pharmacy Phone: _____
Date: 11/21/2014 Pharmacy Fax: _____
Location of Rxs: Desh top Profile # 17481

Pharmacy ID/NPI: 5900952 GEN: N NPI: 1518274281
Pharmacy Name: OMNIPLUS PHARMACY
Pharmacy Address: 4916 MAIN ST #100
HOUSTON, TX 77002 -
PHONE# / EXT: 713 - 874 - 0300
FAX #: 713 - 874 - 0314

(Pharmacy label, business card, or stamp here)

Pharmacy Representative: Leonard Carr Title: VP of Operations
Pharmacy Owner: Brian Swiencinski, Vladimir Redko
Dejan Milosevic, Scott Breimester

Audit Results (indication # of discrepancies for each type and confirmation of explanation provided)

254 Total Claims Reviewed

No documentation allowed Post-Audit

1 CQ Cut Quantity
1 OBQ Over-Billed Quantity
1 DAW Incorrect DAW Code
1 RTS Refill Too Soon
1 ETL Exceeds Time Limit
1 MIF Misfill
1 INV Invalid Prescription
1 OBC Billed wrong NDC ingredient

Documentation allowed Post-Audit

11 MP Missing Prescription (no telephone rx's accepted post-audit)
1 UAR Undocumented Authorization of Refill
1 NSL No Signature Log
1 SIG Use-As-Directed (usual or maximum dose already applied)
1 OTH Other (describe)
1 CMP Compound

List any pharmacy employees with prescription coverage through Caremark: 1/0

List any other pharmacies owned, operated or affiliated with the pharmacy owner: Will email response.

Acknowledgement

A CVS Caremark Pharmacy Management Analyst performed an audit in this pharmacy, I consented to the day and time the audit was conducted, and we reviewed the results. I understand that CVS Caremark will send written audit results. I understand that all post-audit questions and documentation must be directed to the address listed above and that documentation will not be accepted until after the audit results and Documentation Guidelines have been received by the pharmacy. I will have the ability to provide documentation as stated in the Documentation Guidelines for some discrepancy types, unless other additional documentation/appeal is permissible under state laws. Documentation Guidelines will be sent with the initial discrepancy report. The documentation due date will clearly be marked on the cover page.

By signing below, pharmacy representative acknowledges an audit has been conducted, understands that written notification of the audit findings will be provided, and CVS Caremark will withhold any amounts determined to be overpayments.

Via Telephone
Leonard Carr 11/24/2014
Authorized Pharmacy Representative Date

Janet Palao 11/24/2014
Pharmacy Management Analyst Date